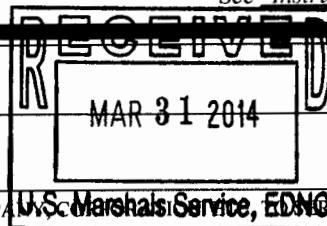


PROCESS RECEIPT AND RETURN  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF  
GUSTAVO ROMANELLO

DEFENDANT  
CAPITAL ONE BANK (USA), N.A.



COURT CASE NUMBER  
5:14-CV-177-FL

TYPE OF PROCESS  
Summons/Complaint/Fin. Disc. Stmt.

SERVE AT { NAME OF INDIVIDUAL, COMPANY, OR ENTITY  
Capital One Bank (USA), N.A.  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
1680 Capital One Dr., McLean, VA 22102

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

U.S. District Court  
Clerk's Office  
PO Box 25670  
Raleigh, NC 27611

Number of process to be  
served with this Form 285

3

Number of parties to be  
served in this case

1

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 56	District to Serve No. 56	Signature of Authorized USMS Deputy or Clerk Carol Smith	Date 3-31-14
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

FILED

<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Date 4-4-14	Time am pm
Signature of U.S. Marshal or Deputy Carol Smith	

Address (complete only different than shown above)

APR 11 2014

BY JULIE A. RICHARDS, CLERK  
US DISTRICT COURT, EDNC  
DEP CLK

Service Fee 800	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges 800	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) 800 00.00
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REMARKS: 3-31-14 CM 7012 3050 0002 0487 4964

4-10-14 See attached

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits. *CNS*

**1. Article Addressed to:**

*Capital One Bank (WA), N.A.  
1680 Capital One Dr.  
McLean, VA 22102*

*5:14-CV-177-FL*

**2. Article Number**

*(Transfer from service label)*

**7012 3050 0002 0487 4964**

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**

*X*

Agent  
 Addressee

**B. Received by (Printed Name)**

*A. H*

**C. Date of Delivery****D. Is delivery address different from item 1?**

Yes

If YES, enter delivery address below:  No

**3. Service Type**

Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

**4. Restricted Delivery? (Extra Fee)**

Yes

PS Form 3811, July 2013

Domestic Return Receipt